

**Examining VA Funding  
For  
Persian Gulf War Veterans Illnesses**



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Mr. Chairman and members of the committee, the National Gulf War Resource Center (NGWRC) is honored to have the opportunity to submit written testimony on behalf of the 697,000 veterans of the 1991 Gulf War.

Our testimony today will focus on the federal government's research response to the conditions commonly referred to as Gulf War Illnesses. Research, healthcare, disability benefits, and open interaction with veterans has been earned by veterans by virtue of their service on the battlefield. All of these costs, all of these responsibilities, are part of the social contract between the soldier and our nation. They must never be done on the cheap or purposefully steered in the wrong direction by gatekeepers or those who do not believe veterans' benefits are part of the continuing cost of the national defense.

In the 1991 Gulf War, relatively few soldiers were injured from bullets and bombs. However, a significantly larger number of Gulf War veterans who did not feel the sting of a bullet have been living with, and in many cases dying from, symptoms and illnesses that are *absolutely* connected to their wartime service. Although these illnesses have resisted diagnosis and effective treatment, they are very real and very debilitating. This fact is confirmed in VA studies conducted by Dr. Han Kang, director of the VA environmental epidemiology service, who reported the latest results from VA's ongoing major survey of Gulf War veterans and non-deployed veterans of the same era. The results show that fully 25 percent of Gulf veterans have chronic multisymptom illness over and above their non-deployed counterparts.

These illnesses also affect countries that were Coalition partners in the 1991 Gulf War. Our testimony today describes recent developments in Federal research to address these conditions. Specifically, it provides information regarding public commitments the Department of Veterans Affairs (VA) has made to conduct research on Gulf War illnesses, and the subsequent failure of VA to meet the commitments.

It is important to note that the Department of Defense (DoD) and VA are repeating some of the same errors from the 1991 Gulf War by failing to collect and share data. Today in this war the VA does not know who has gone to war, how many of those released from service are eligible for VA benefits and what are the disease trends reported by DoD.

Early identification of deployed veterans, early monitoring of their health status, and close cooperation with veterans service organizations and scientists will avoid many of the mistakes described in Congressman Shays 1998 report that described DoD as "having a tin ear and cold heart."

In order to tell the committee where we are today, we must talk about where we came from.

In the 1995 report of the Institute of Medicine (IOM) entitled "Health Consequences of Service During the Persian Gulf War: Initial Findings and Recommendations for Immediate Action" the IOM concluded that research on GWI was fragmented and uncoordinated. The report suggested that serious efforts must be made in the near term to appropriately focus the medical, social, and research response of the Government and of individuals and researchers. The IOM hit the nail squarely on the head in 1995, and for the next six years many in the VA did focus their research. The problem was their research focused on the study of war-related stress and not the multiple exposures to endemic disease, vaccines, depleted uranium and chemical warfare agent exposure. It is a firmly established scientific fact that mental health or stress related problems are far less common in Gulf War veterans than veterans of other wars, and do not explain Gulf War illnesses.

Even though Gulf War veterans told VA clinicians that stress was not their problem, from the beginning they had to endure 14 years of mismanaged and ill directed research initiatives that came out of the DoD and VA programs.

It is well known that a great deal of federal money has been spent on a large number of Gulf War-related research studies since the mid-1990s—nearly \$316 million as of VA's last report to Congress in 2003. This \$316 million dollar investment produced no evidence that stress was the causal factor in Gulf War veterans illness, rather it reinforced that the VA and the DoD were looking in the wrong direction.

Overall, Gulf War illness research money invested to date has not yet answered the key questions that scientists must address to make meaningful progress to improve the health of ill veterans: (1) what are the specific physical processes underlying Gulf War illnesses? and (2) what treatments can improve veterans' health?

After so many disappointing committees, oversight boards and a lack of direction presidential candidate George W. Bush became personally involved in the plight of Gulf War veterans. On November 10, 1999 while on the campaign trail he stated that "Soldiers once ordered by their government to stand in the line of fire should not now be ordered to stand in line at the nearest federal bureaucracy, waiting with hat in hand."

"This applies to veterans of the Gulf War. They should not have to go to elaborate lengths to prove that they are ill, just because their malady has yet to be fully explained. All that is going to end. In the military, when you are called to account for a mistake, you are expected to give one simple answer: "No excuse, sir."

Mr. Bush added, "All that is going to end. In the military, when you are called to account for a mistake, you are expected to give one simple answer: "No excuse, sir."

Because of this lack of progress in addressing the difficult-to-diagnose conditions affecting Gulf War veterans and the election of President Bush in 2000 we eventually saw the fulfillment of this campaign promise with the passage of legislation directing the VA to conduct the appointment of the Research Advisory Committee on Gulf War veterans' illnesses (RAC-GWVI).

Gulf War veterans were elated; we thought we had turned a corner. The VA Research Advisory Committee (RAC) issued its first interim report and, based on that recommendation by the committee, Secretary Anthony Principi publicly announced that in fiscal year 2004, VA would provide up to \$20 million for Gulf War illness research. This commitment was widely applauded by veterans' groups. The VA's press release indicated that this funding would represent more than twice the amount spent by VA in any previous year.

Historically, about 75 percent of all Gulf War research spending came from DoD. However since 2002 DoD has shifted its focus to the current war and to general issues related to deployment, and no longer supports an active research program on Gulf War illnesses. This is why the \$20 million promised by Secretary Principi was vitally important.

Mid-way into the year, we learned that only one new study would be funded in FY2004, for fewer than \$400,000. This amount fell far short of the Secretary's promise of "up to \$20 million" for new research to provide answers to the long-overdue questions relating to Gulf War veterans' illnesses.

Overall, federal Gulf War research funding has fallen dramatically from \$50 million in FY2001 to about \$23 million in FY2003. Final figures are not yet available for FY2004 and FY2005, but it appears that the downward trend has accelerated at a time when medical progress in understanding and treating Gulf War veterans is greater than ever before. At this time, VA is the only federal agency that funds new research on Gulf War illnesses. If we cannot properly direct the money promised for Gulf War Veterans to the appropriate researchers, then we will be stuck forever in the 1995 paradigm stated by the IOM.

The RAC provided its first full report to the VA Secretary in late 2004. In this report, the committee extensively reviewed scientific literature and government reports, which concluded that Gulf War illnesses constituted a serious health problem affecting 26-32 percent of GW veterans who served. For the large majority of ill veterans, these conditions are not explained by stress or psychiatric illness. Rather, the evidence points to neurological impairment in affected veterans', and a probable link with neurotoxic exposures during deployment. The

committee also found, as veterans have been saying for many years, that effective treatments for these conditions are urgently needed and should have the highest research priority.

Secretary Principi released the RAC-GWVI Report in November 2004, and announced at a press conference that VA would commit up to \$15 million in new research funding for Gulf War illnesses in FY2005. This funding would include an innovative program for identifying treatments for Gulf War illnesses. Veterans were again elated at the prospect of this new funding, and the research gains it promised.

How has VA done with this 2005 commitment? In September, the RAC-GWVI received information on VA's 2005 research funding for Gulf War research. VA's Office of Research reported that they would spend over \$9 million for Gulf War research in FY2005 and a similar amount in 2006. But a closer look revealed that over \$7 of the \$9 million was for projects already in place prior to 2005. Only about \$1.7 million funded new projects in FY2005, far short of the "up to \$15 million in new funding" committed by the Secretary.

But worse, of the \$1.7 million for projects identified as "Gulf War Research," only \$400,000 was for research specific to Gulf War illnesses or the effects of Gulf War exposures. Much of the balance went to fund VA's research program on ALS, or Lou Gehrig's disease. This is a very serious disease that attacks Gulf War veterans at twice the expected rate of the civilian population and has affected maybe 100 Gulf War veterans in all. But, according to information received by the RAC-GWVI, all new ALS research at VA is now identified as "Gulf War Research"—even though ALS affects considerably more elderly veterans than Gulf War veterans.

Furthermore, many of the other new studies listed as "Gulf War Research" have nothing at all to do with the Gulf War or Gulf War illnesses. For example, \$1.3 million was spent for a study on restoring function after loss of limbs. As you probably know, this type of injury was rare in the Gulf War, and has nothing to do with Gulf War illnesses. Including this and other unrelated projects in the total represented as "Gulf War Research" conveys the false impression that VA is spending more—and doing more—to address Gulf War illnesses than is actually the case.

Another disappointment was that there was no funding at all in FY2005 for the much-needed and much-anticipated new center to study treatments for Gulf War illnesses. Nothing funded, and we understand, no action being taken by the VA to establish this center.

The bottom line is that there has been a consistent pattern where the Secretary makes public commitments to Gulf War research, and veterans respond positively, but VA does not deliver. The Secretary committed up to \$20 million dollars in 2004, but only a handful of projects were actually funded that year—about half related to stress. Later, the Secretary committed up to \$15 million in new Gulf War illness research for FY2005, and a new center to study treatments for these conditions. And VA, again, has not delivered. 2005 has come and gone, and all we have seen is smokescreen attempt by VA ORD to make it appear that they have spent about \$20 million in FY2005 and FY2006 for GWI research.

VA may report similar numbers when they testify at the Congressional hearing today. But the truth is, very little of the 2005 “Gulf War Research” funding was for any new projects, as promised by the Secretary, and very few of the new projects relate specifically to Gulf War illness or Gulf War veterans. VA has made public commitments, but neither the funding nor the promised new direction in Gulf War research has materialized. Ill Gulf War veterans are left pretty much where they started in 1995, with no improvements in understanding or treating Gulf War illnesses, and with nothing on the research horizon at VA that offers hope of better things to come.

The NGWRC believes entrenched bureaucrats under Secretary Nicholson have not upheld the research promises made by Secretary Principi. Secretary Nicholson must take charge of this issue and direct his Office of Research and Development to spend the money promised for Gulf War- related research and to establish the Treatment Centers.

Thanks to you, Mr. Chairman, and many of your colleagues, veterans now know that human studies of ALS, brain cancer and neurological impairments are scientifically linked with deployment to the Gulf War. We are also seeing higher rates of Multiple Sclerosis and Parkinson’s disease in Gulf War veterans that needs immediate investigation and research.

Another important emerging area of animal research are studies of inhaled DU and implanted DU fragments, which are beginning to tell us about carcinogenic and possible brain effects of DU. Animal studies have also shown long-term debilitating effects of low-level sarin exposure and the synergistic effects of combinations of Gulf War-related exposures. The examples of animal research listed above, cannot be done in humans, and illustrates the importance of animal studies and their impact on understanding the exposures.

When Federal research is directed towards valid non-stress studies, it has provided very important breakthroughs that have helped us understand why Gulf War veterans are ill.

Mr. Chairman, our testimony about Gulf War veterans is not an academic exercise. The record shows DoD and VA failed Gulf War veterans. We cannot allow the nation or the VA to abandon 1991 Gulf War veterans nor should we pit the healthcare and research needs of 1991 Gulf War veterans against the needs of this wars returning veteran. 1991 Gulf War veterans had very unique exposures that need investigation and research and recent returning veterans will also require a unique focus to address their needs and the consequence of their war.

With a war escalating now in the Middle East, the U.S. has deployed more than 1.1 million soldiers, sailors, airmen and marines in Operation Iraqi Freedom and Operation Enduring Freedom. With great sorrow, I report to you that DoD and VA are not prepared for the return of these veterans and have failed ours.

A new generation of Iraq war and Afghanistan war veterans will not fare much better than we did. DoD failed to conduct pre-deployment exams on nearly 300,000 deploying service members, and DoD is not monitoring or refuses to release data on Depleted Uranium (DU) contamination on the battlefield. DoD is not monitoring Lariam use by indicating dosage in service member's medical records, and DoD still wants to inoculate troops with the experimental anthrax vaccine but has stopped monitoring adverse reactions and medical consequences of receiving the vaccine.

Congress must order DoD and VA to collect data on these new war veterans and provide quarterly reports to Congress so you may properly perform your oversight duties. If we fail to act now, I believe that another generation of veterans will be sitting before this committee in a few years demanding to know why veterans groups, Congress, and the Administration failed them.

The Nation cannot now abandon our war nor can we afford to be unprepared for the new veteran.

In closing, I would like to read an excerpt from the book "The Veteran Comes Back" printed in 1944. This book deals with WW1 and WW2 veteran's issues and is recommended reading for anyone who deals with war veterans.

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"Officers and soldiers feel themselves above argument with its un-avoidable delays and compromise with its necessary hypocrisies. It is action that counts for the soldier; in war it is often better to do something foolish than to do nothing at all."

"When the veteran, the Army-made man, return to civilian society, he understands conflict perfectly, compromises less well, dislikes discussion and

argument hardly at all. He wants action, dislikes talk, distrust talkers. He is intolerant of the hypocrisies without which politics is impossible.

Let us admit that the veteran, this man disgusted with politics and impatient of argument, has a real, a just grievance – indeed a whole series of grievances. Without that admission we cannot understand, evaluate, or predict the veteran's behavior. He comes to believe he has been swindled and that belief is rarely without some foundation in fact.

Mr Chairman for Gulf War veterans the time for talk is over. The science is in and can be acted upon today. Some veterans didn't survive the war of attrition and delay but for those remaining, now is the time for action.